

# FINANCIAL DISCLOSURE STATEMENT

## SECTION 1: BORROWER INFORMATION

PID#/SSN# \_\_\_\_\_ Telephone \_\_\_\_\_  
 Name \_\_\_\_\_ Email \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## SECTION 2: HOUSEHOLD INCOME AND REASONABLE AND NECESSARY MONTHLY EXPENSES

Provide the **monthly** income and expense information listed below. Include your spouse's income only if your spouse contributes to your household income. The SEAA has the authority to determine if the claimed amount of expense is reasonable and necessary.

### MONTHLY INCOME

1. Your employment income \_\_\_\_\_
2. Spouse's employment income \_\_\_\_\_
3. Child support received \_\_\_\_\_
4. Social Security benefits \_\_\_\_\_
5. Worker's compensation \_\_\_\_\_
6. Public Assistance \_\_\_\_\_  
List types \_\_\_\_\_
7. Other income \_\_\_\_\_  
Describe \_\_\_\_\_
8. **Total monthly income**  
**(sum of items 1 through 7)** \_\_\_\_\_

9. If your total monthly income is \$0, explain your means of support

### MONTHLY EXPENSES

10. Food \_\_\_\_\_
11. Housing \_\_\_\_\_
12. Utilities \_\_\_\_\_
13. Phone/Internet \_\_\_\_\_
14. Necessary medical/dental \_\_\_\_\_
15. Necessary insurance \_\_\_\_\_
16. Transportation \_\_\_\_\_
17. Child/dependent care \_\_\_\_\_
18. Required child/spousal support \_\_\_\_\_
19. Federal student loan payments \_\_\_\_\_
20. Private student loan payments \_\_\_\_\_
21. Other expenses \_\_\_\_\_  
Describe \_\_\_\_\_
22. **Total monthly expenses (sum of items 10 through 21)** \_\_\_\_\_

## SECTION 3: FAMILY SIZE AND SPOUSE IDENTIFICATION

Your family size includes you, your spouse, and your children (including unborn children who will be born before the end of the current calendar year), if the children will receive more than half of their support from you. Your family size includes other people only if they live with you now, receive more than half of their support from you now, and will continue to receive support from you for the year which you are certifying your family size. Support includes money, gifts, loans, housing, food, clothes, car, medical, and dental care, as well as payment of college costs.

23. Family size \_\_\_\_\_

## SECTION 4: UNDERSTANDINGS AND CERTIFICATIONS

I understand that:

1. I have received this form because I requested a temporary reduction in payment on my loan with the North Carolina State Education Assistance Authority.
2. The SEAA will calculate an alternative reasonable and affordable monthly payment amount that will be solely based on the information that I provide on this form and supporting documentation.
3. If I do not accept the adjusted payment amount based on this form, the collection process will proceed, and I will be required to remit my normal monthly payment amount in accordance with the terms of the loan and applicable law.
4. If I do not provide any supporting documentation requested by the SEAA along with this form, my request for payment reduction will not be considered.

I certify that (1) the information I have provided on this form is true and correct and (2) I will provide my **current year tax return**, all pages and Schedules; **two (2) recent consecutive paystubs for the borrower and spouse (if applicable)**.

Borrower's Signature \_\_\_\_\_

Date \_\_\_\_\_

## SECTION 5: INSTRUCTIONS

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Return the completed form to the address below:

NCSEAA  
PO Box 14223  
Research Triangle Park, NC 27709  
1-800-700-1775

### MONTHLY INCOME IN SECTION 2 (ITEMS 1-9)

The SEAA may request supporting documentation for any income items.

**Employment income** documentation may include a pay stub or a letter from the employer stating the income paid to you by that employer.

**Child support, Social Security benefits, worker's compensation, or public assistance documentation** may include copies of benefits checks or a benefits statement, a letter from a court, a governmental body, or the individual paying child support, specifying the amount of the benefit.

**Other income:** Include any other income not covered in items 1-6 and identify the source of the income. If you report that your Total Monthly Income is zero, explain your means of support in Item 9.

### MONTHLY EXPENSES IN SECTION 2 (ITEMS 10-22)

For each monthly expense, provide the amount you usually spend each month. The SEAA may request supporting documentation for any of these items. Do not include a single expense in more than one category. If you have no expenses under a category, enter 0 for that category.

**Food:** Include the amount spent on food, even if purchased using the Supplemental Nutrition Assistance Program (SNAP) (food stamps).

**Housing:** Include the amount spent on housing and shelter, such as rent, required security deposits, mortgage payments (including principal, interest, taxes, and homeowner's insurance), maintenance, and repairs.

**Utilities:** Include the amount spent on housing-related utility bills, such as gas, electric, fuel oil, water, sewer, trash, and recycling.

**Basic communication:** Include the amount spent on basic communication expenses, such as basic telephone, internet, and cable TV.

**Medical and dental:** Include the amount spent on necessary medical and dental expenses and procedures not covered by insurance, such as medically necessary prescription and nonprescription medications, and medically necessary nutritional supplements. Do not include any costs relating to medical or dental insurance premium payments.

**Insurance:** Include the amount spent on insurance, such as necessary renter's, auto, medical, dental, or life insurance. Include any amounts paid toward insurance premiums. However, if the income amount you listed under Monthly Income already reflects deductions from your pay for insurance premiums, do not list the amount of these deductions as an Insurance expense. Include homeowner's insurance under Item 11 (Housing).

**Transportation:** Include the amount spent on basic transportation expenses such as fuel, car payments, basic vehicle maintenance, public transportation, tolls, and parking. Also list the number of vehicles for which you are claiming related transportation expenses.

**Child/dependent care:** Include the amount spent on care for children or other dependents in the household and other work-related child/dependent care expenses.

**Legally required child /spousal support:** Include the amount spent on legally required child support and spousal support.

**Federal student loan payments:** Include the total monthly amount you pay on any federal student loans. If you are subject to wage garnishment or Treasury offset include the amount that is collected from you each month.

**Private student loan payments:** Include the total monthly amount you pay on any private student loans. Include any type of payment, voluntary or otherwise.

**Other expenses:** Include the amount spent on any other necessary expenses not covered in items 10 - 20 and explain these expenses. These other expenses will be considered only if the SEAA determines that they should be considered. If more space is needed to list other expenses, attach a separate piece of paper and include your name and SEAA PID # at the top.